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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	PA-9848
	First Named Inventor	Knox
	COMPLETE IF KNOWN	
	Application Number	09 / 869,629
	Filing Date	28-Jun-2001
	Group Art Unit	To be assigned
	Examiner Name	To be assigned

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NMR Spectroscopic In Vitro Assay Using Hyperpolarization

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **06/28/2001** as United States Application Number or PCT International Application Number **09/869,629** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9828852.5	Great Britain	12/30/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9918096.0	Great Britain	08/02/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB99/04410	12/23/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/01.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact with the Patent and Trademark Office connected therewith:

☒ Customer Number 22840 OR ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number in box: **22840**

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 22840 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

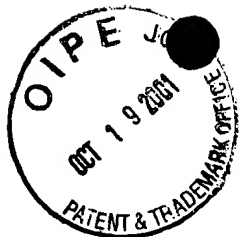
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: Peter Knox ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Peter	Knox

Inventor's Signature	<u>Peter Knox</u>	Date	<u>30.7.01</u>
Residence: City	State	Country	Citizenship
		GB	GB
Post Office Address	"Choppings", 34 Kings Road, Buckinghamshire		
Post Office Address	Chalfont St. Giles, Great Britain HP8 4HS		
City	State	ZIP	Country

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Neil		Cook	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
		GB	GB
Post Office Address Tutshill Lodge, Beachley Road, Tutshill			
Post Office Address Chepstow, Great Britain NP6 7EG			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Klaes		Golman	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
		SE	DK
Post Office Address Nycomed Innovation AB, Ideon Malmo			
Post Office Address Per Albin Hanssons vag 41, S-205 12 Malmo Sweden			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Haukur		Johannesson	
Inventor's Signature			Date August 27, 2001
Residence: City	State	Country	Citizenship
		SE	IS
Post Office Address Nycomed Innovation AB, Ideon Malmo			
Post Office Address Per Albin Hanssons vag 41, S-205 12 Malmo Sweden			
City	State	ZIP	Country

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Neil		Cook		
Inventor's Signature	<i>N. Cook</i>		Date	20/8/01
Residence: City	Princeton	State	NJ	Country
				USA
				Citizenship
				GB
Post Office Address	Amersham Pharmacia Biotech Inc, 800 Centennial Avenue			
Post Office Address	Piscataway, NJ 08855-1327, USA			
City		State		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Klaes		Golman		
Inventor's Signature	<i>N. Golman</i>		Date	
Residence: City		State		Country
				SE
				Citizenship
				DK
Post Office Address	Nycomed Innovation AB, Ideon Malmo			
Post Office Address	Per Albin Hanssons vag 41, S-205 12 Malmo Sweden			
City		State		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Oksar		Axelsson		
Inventor's Signature	<i>N. Axelsson</i>		Date	
Residence: City		State		Country
				SE
				Citizenship
				SE
Post Office Address	Nycomed Innovation AB, Ideon Malmo			
Post Office Address	Per Albin Hanssons vag 41, S-205 12 Malmo Sweden			
City		State		Country

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Neil		Cook	
Inventor's Signature	Date		
Residence: City	State	Country	GB
Post Office Address		Citizenship	
Tutshill Lodge, Beachley Road, Tutshill		GB	
Post Office Address		Chepstow, Great Britain NP6 7EG	
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Klaes		Golman	
Inventor's Signature	Date		2-5-2001
Residence: City	State	Country	SE
Post Office Address		Citizenship	
Nycomed Innovation AB, Ideon Malmo		DK	
Post Office Address		Per Albin Hanssons vag 41, S-205 12 Malmo Sweden	
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Oksar		Axelsson	
Inventor's Signature	Date		3/8 2001
Residence: City	State	Country	SE
Post Office Address		Citizenship	
Nycomed Innovation AB, Ideon Malmo		SE	
Post Office Address		Per Albin Hanssons vag 41, S-205 12 Malmo Sweden	
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jan Henrik		Ardenkjaer-Larsen	
Inventor's Signature	Date		27-7-2001
Residence: City	State	Country	SE DK
Post Office Address			
Nycomed Innovation AB, Ideon Malmo			
Post Office Address			
Per Albin Hanssons vag 41, S-205 12 Malmo Sweden			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Post Office Address			
Post Office Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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